

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 3/27/03.

## **I. DISPUTE**

Whether there should be **additional** reimbursement of \$639.60 for DME provided for date of service 3/27/02. The Respondent denied additional reimbursement as "F ZFK THE CHARGE FOR THIS PROCEDURE EXCEEDS THE FEE SCHEDULE OR USUAL AND CUSTOMARY ALLOWANCE (Z560). D U8D (D) THIS ITEM WAS PREVIOUSLY SUBMITTED AND REVIEWED WITH NOTIFICATION OF DECISION ISSUED TO PAYOR/PROVIDER (DUPLICATE INVOICE) (U301)."

## **II. RATIONALE**

### **HCPCS code A4306-NU and E1399-NU**

The modifier "-NU" is not recognized in the '96 MFG. For this reason, the Medical Review Division is unable to determine proper reimbursement. Since "-NU" is an unrecognized modifier, **no** additional reimbursement is recommended

## **III. DECISION & ORDER**

Based upon the review of the disputed healthcare services within this request, the Medical Review Division has determined that the requestor **is not** entitled to reimbursement for the referenced HCPCS codes.

The above Findings, Decision and Order are hereby issued this 25<sup>th</sup> day of July 2003.

Pat DeVries  
Medical Dispute Resolution Officer  
Medical Review Division

PD/pd